

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/815199</div>	FILING DATE					
APPLICANT(S)							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52						
3		/					53						
4		/					54						
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39	/						89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46	/						96						
47		/					97						
48		/					98						
49		60					99						
50	/						100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	128						TOTAL DEP.						
TOTAL CLAIMS	138						TOTAL CLAIMS						